

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du rapport public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Aug 21, 2020 | 2020_777731_0013 | 009279-20, 015478-20 | Complaint |

Licensee/Titulaire de permis

Caessant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue WOODSTOCK ON N4S 3V9

Long-Term Care Home/Foyer de soins de longue durée

The Maples Home for Seniors
94 William Street South P.O. Box 400 Tavistock ON N0B 2R0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

KRISTEN MURRAY (731), CHERYL MCFADDEN (745)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 11, 12, 13, and 17, 2020.

The following Complaint intakes were completed within this inspection:

Complaint Log #009279-20 / IL-77838-LO related to an allegation of abuse and neglect

Complaint Log #015478-20 / IL-80872-LO related to an allegation of abuse and neglect and infection prevention and control

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), a Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Student Nurses Aide and residents.

The inspectors also observed resident rooms and common areas in the home, observed meal and snack service, observed residents and the care provided to them, observed screening procedures at the entrance of the home, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed the complaints binder, and reviewed the home's investigation documentation.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p> |
| <p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 23. Licensee must investigate, respond and act

Specifically failed to comply with the following:

- s. 23. (1) Every licensee of a long-term care home shall ensure that,**
- (a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:**
 - (i) abuse of a resident by anyone,**
 - (ii) neglect of a resident by the licensee or staff, or**
 - (iii) anything else provided for in the regulations; 2007, c. 8, s. 23 (1).**
 - (b) appropriate action is taken in response to every such incident; and 2007, c. 8, s. 23 (1).**
 - (c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with. 2007, c. 8, s. 23 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that every alleged incident of abuse of a resident by anyone that the licensee knows of, or that is reported to the licensee, was immediately investigated, appropriate action was taken in response to every such incident, and any requirements that were provided for in the regulations for investigating and responding as required, were complied with.

The Ministry of Long Term Care (MLTC) received complaint # IL-80872-LO regarding allegations of physical abuse by staff towards resident #002.

A progress note in PointClickCare (PCC) for resident #002 from a specified date, written by Registered Practical Nurse (RPN) #110 indicated that resident #002 had made allegations of physical abuse. The progress note further stated that the incident was reported to the Executive Director (ED) #103, who stated they would phone resident #002's power of attorney (POA).

In a review of the assessments section and progress notes in PCC, it was identified there was no documented evidence that a head to toe or skin assessment had been completed for resident #002 on the specified date, following the allegations.

In a review of the critical incident (CI) intakes on Itchomes.net, it was identified that there was no CI submitted by the home related to the allegation of abuse towards resident #002 as noted in the progress note from the specified date.

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

In an interview with RPN #110, when asked what their responsibilities were in relation to the prevention of abuse and neglect in the home, RPN #110 stated they would ensure if they witnessed any incidents or if there was any suspicion of abuse, that it was immediately reported to management in the home. Inspector #731 read the progress from the specified date to RPN #110 regarding the allegations of abuse and asked RPN #110 if they recalled writing the progress note. RPN #110 stated yes, they recalled it. When asked if the allegations were immediately reported to management in the home, RPN #110 stated PSW #101 reported it to ED #103. Inspector #731 asked RPN #110 whose responsibility it was to report allegations to management in the home. RPN #110 stated it was typically the responsibility of the registered staff member, however, in this case PSW #101 spoke with ED #103 regarding the incident, before speaking with RPN #110. When asked if management followed up with RPN #110 regarding the allegations, RPN #110 stated no. When asked if RPN #110 reported the allegations to the MLTC, RPN #110 stated no. When asked whose responsibility it was to report allegations of abuse to the MLTC, RPN #110 stated they would report to management and management would typically report it to the MLTC.

In an interview with ED #103, Inspector #731 asked what their responsibilities were in relation to prevention of abuse and neglect in the home. ED #103 stated they took complaints, reported any incidents, investigated, and followed up. Inspector #731 asked if ED #103 was aware of the reporting requirements for reporting incidents or allegations to the MLTC. ED #103 stated yes, they were reported immediately or within 24 hours by Director of Care (DOC) #104 or ED #103. Inspector #731 asked ED #103 what staff are expected to do if they received a report of suspected, alleged or actual abuse towards a resident. ED #103 stated that staff were expected to contact DOC #104, ED #103, or the charge nurse on the weekend. Inspector #731 read the progress note from the specified date to ED #103 regarding the allegation of abuse and asked if they were familiar with the alleged incident. ED #103 stated they did not recall the alleged incident. When asked if the allegation was reported to the MLTC, ED #103 stated no, as they were not aware of the allegation. When asked if the substitute decision-maker (SDM) was notified regarding the allegation, ED #103 stated no. When asked if the police were contacted regarding the incident, ED #103 stated no. When asked if the home conducted an investigation related to the allegation of abuse, ED #103 stated no.

In a review of the home's policy titled "Abuse & Neglect – Staff to Resident, Family to Resident, Resident to Resident, Resident and/or Family to Staff", last revised by the home March 2019, the policy stated "All cases of suspected or actual abuse must be

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

reported immediately to the DOC/Executive Director. In the absence of management staff, concerns should be reported immediately to the Charge Nurse, who will notify management staff on call". The policy indicated the ED/DOC should have immediately reported any suspicion and the information upon which it was based to the Director appointed by the Ministry of Health and Long Term Care, including abuse of a resident by anyone that resulted in harm or risk of harm to the resident. The policy further identified the following under the section "Staff-to-Resident Abuse":

"1. Any staff witnessing an alleged/actual act of abuse must report it, as outlined, to their immediate supervisor.

2. The supervisor of the alleged abuser will ensure that the immediate needs of the resident are attended to. Provide medical treatment as needed.

3. The DOC and/or ED will interview all parties and maintain a written record using the Abuse – Resident Incident Report (Appendix A). At this time, the DOC and/or ED will seek direction from Human Resources on how to proceed.

4. The DOC, or in his/her absence the Charge Nurse, will complete a Head to Toe assessment of the resident and document same.

5. The DOC and/or ED will contact the attending physician and request a complete medical exam of the resident.

6. The DOC and /or ED may, when warranted, take photographs of the victim's injuries (with permission).

7. The DOC and/or ED will notify the resident's [Power of Attorney] POA of the alleged abuse immediately.

8. The DOC/ED will immediately notify the police of the alleged, suspected or witnessed incident of abuse or neglect.

9. The DOC is required to complete a Ministry of Health Critical Incident Summary. In addition Caressant Care Head Office shall be notified the day the incident is reported and/or investigated.

10. Once the DOC/ED believe all of the facts have been obtained Human Resources will be consulted to determine the appropriate level of discipline to be assessed to the staff member involved.

11. In consultation with the victim, family and attending physician the DOC will facilitate prescribed victim follow-up (i.e. social work, counseling, pastoral care, etc.).

12. In the event that the resident victim, and/or their family wish to seek alternative placement, the DOC and/or ED will facilitate this process in a cooperative manner".

The licensee failed to ensure that the allegation of abuse made by resident #002 on a specified date, was immediately investigated, that appropriate action was taken in response the alleged incident, and that any requirements provided for in the regulations

for investigating and responding as required were complied with, including notification of resident #002's SDM. [s. 23. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that every alleged, suspected or witnessed incident of abuse of a resident by anyone is immediately investigated, appropriate action is taken in response to every such incident and any requirements that are provided for in the regulations for investigation and responding as required are complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (7) The licensee shall implement any surveillance protocols given by the Director for a particular communicable disease. O. Reg. 79/10, s. 229 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that they implemented any surveillance protocols given by the Director for a particular communicable disease.

The Ministry of Long Term Care (MLTC) received complaint # IL-80872-LO regarding concerns involving the home not following the universal masking guidelines as set out by Directive #3 related to COVID-19.

COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007; Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, dated June 10, 2020, states;
Long-term care homes must immediately implement the following precautions and procedures:

Staff Masking. Long-term care homes should immediately implement that all staff wear

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

surgical/procedure masks at all times for source control for the duration of full shifts. This is required regardless of whether the home is in an outbreak or not. When staff are not in contact with residents or in resident areas during their breaks, staff may remove their surgical/procedure mask but must remain two metres away from other staff to prevent staff to staff transmission of COVID-19.

Managing Visitors. The aim of managing visitors is to balance the need to mitigate risks to residents, staff and visitors with the mental, physical and spiritual needs of residents for their quality of life. Homes must have a visitor policy in place that is compliant with this Directive and is guided by applicable policies, amended from time to time, from the MLTC and MSAA. At minimum, visitor policies must:

- Clearly state that if the home is not able to provide surgical/procedure masks, no family visitors should be permitted inside the home. Essential visitors who are provided with appropriate PPE from their employer, may enter the home.
- Specify that essential visitors: Be defined as including a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy)) or a person visiting a very ill or palliative resident.

On a specified date, Inspector #731 and #745 observed a staff member enter the Long Term Care Home (LTCH), get screened at the entrance, and walk through a resident area before putting their mask on. Inspector #731 and #745 also observed two essential visitors enter the LTCH with cloth masks on. The visitors were screened at the entrance and entered the home with their cloth masks on. The visitors wore their cloth masks while in the home. The visitors were screened upon exit and left with their cloth masks still on. The visitors did not at any point, while the Inspectors observed the visitors in the home, wear a surgical/procedure mask. On that same date, Inspectors #731 and #745 observed a staff member arrive to the LTCH without a mask on. The staff member was within two meters of a resident without a mask on, while outside. The staff member was screened at the door, sanitized, and was provided a mask by the screener. The staff member did not put their mask on at the screening area. The staff member was within two meters of both screeners without a mask, walked through a resident area in the home where residents were seated, and was talking to another staff member while standing within two meters of them without a mask. The staff member then put their mask on once headed towards a specified area in the LTCH.

On a specified date, Inspectors #731 and #745 observed two essential visitors enter the LTCH with cloth masks on. The visitors were screened at the entrance and entered the home with their cloth masks. Inspector #731 conducted observations in a specified area

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

of the home and observed the two essential visitors wearing cloth masks while in a resident area. The visitors were observed to be within two meters of staff while in the home and in close proximity to residents. The two essential visitors later departed the home wearing the same cloth masks. The visitors did not at any point, while the Inspectors observed the visitors in the home, wear a surgical/procedure mask, including while in a resident area. Inspector #731 and #745 observed three staff members enter the home at the same time, without masks in the entryway. All staff members were within two meters of one another while not wearing masks in the screening area, inside the LTCH. It was noted that there were two residents sitting beside the screening area at the time.

On a specified date, Inspector #731 observed two staff members enter the home, the staff members were standing within 2 meters, without masks while in the entryway. Inspector #731 additionally observed two staff enter the foyer of the LTCH at the same time, and were within two meters of each other and the screener while not wearing masks.

In separate interviews with PSW #108 and RPN #109, when asked about the home's expectation for universal masking, both PSW #108 and RPN #109 stated as soon as they enter the building, they sanitize their hands and put on their mask.

In an interview with Director of Care (DOC) #104, Inspector #731 asked what the current screening process was in the LTCH. DOC #104 stated staff were screened in at the entrance, including sanitizing, temperature checked, and asked the screening questions. DOC #104 indicated once staff were screened in, they put their mask on and headed to a specified area to change into their scrubs or clean work clothes, all while wearing their masks. DOC #104 stated during work time, everyone was to wear a medical mask in the home. When asked about the process for essential visitors in the home, DOC #104 responded that the process for essential visitors was the same as for staff and if they are permitted to enter the home, they must wear a surgical mask, have a negative swab, and must maintain two meters from all individuals in the home. When asked at what point should staff and visitors be putting on their masks when entering the home, DOC #104 stated at the screening area, ideally in the foyer, but before they passed into the home. Inspector #731 asked if cloth masks were appropriate for anyone to wear in the home. DOC #104 stated "Absolutely not, and we have had a couple of issues with that. Everyone is to wear the medical masks". When asked how the home ensures that staff maintain appropriate physical distancing when coming into the home for shift change, DOC #104 stated it was to be monitored by the screener and staff were to know to stay

back. Inspector #731 asked what the expectation was if a resident was leaving the home at the same time a staff member who was not wearing a mask, was coming into the home. DOC #104 stated the expectation was that the staff member would allow the resident to exit first and they should be maintaining two meters from the resident who was leaving. Inspector #731 asked how many individuals should be in the foyer area or screening area at one time. DOC #104 stated a maximum of two by the look of the room.

In an interview with Executive Director (ED) #103, Inspector #731 asked the expectation in the home regarding staff following the universal masking process. ED #103 stated the expectation in the home was that the staff put on their mask immediately upon entering the LTCH as the masks are available from the screener.

In a review of the home's policy titled "Wearing of Face Masks- COVID-19", last revised April 2020, the policy stated "During the COVID-19 Pandemic, Caressant Care has adopted the practice of requiring ALL staff working in our Long-Term Care and Retirement Homes to wear surgical/procedural masks while on shift. Universal masking of staff is intended to reduce the risk of transmitting COVID-19 from staff to residents or other staff at a time when no symptoms of illness are recognized but the virus can be transmitted". The policy further stated "Staff may remove their surgical/procedural mask during breaks but must remain at least two meters away from others to prevent any potential transmission of COVID-19".

The licensee has failed to ensure that they implemented surveillance protocols given by the Director in the COVID-19 Directive #3 related to universal masking. [s. 229. (7)]

Issued on this 27th day of August, 2020

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.